

LITTLE WAYS TO SAVE A LOT OF TIME



Medical records that furnish answers fast

AL-103 and "Decrovid" help this doctor reduce paperwork and give better patient care. If you don't know what AL-103 and Decrovid are, read this article—the second of a series.

By J. Mostyn Davis, M.D.
Family physician, Shamokin, Pa.

He was a pleasant old gentleman, a former patient of mine who'd been away for several years, staying with a son in another state. Now he was back and had a medical problem—high blood pressure. This was nothing new. He'd had hypertension while he was with me, and I'd managed it successfully for quite a while. The trouble was, neither he nor I could remember offhand the medication he'd been on.

"I know the pills were a pretty shade of green," he recalled, "and they had a number 50 stamped on the back. They did a good job. We'd tried other pills, but they did all kinds of strange things to me. I'd sure like to go back on those green pills."

THE AUTHOR has been collecting and putting into practice timesaving office procedures for more than 20 years.

Well, I'd have liked to put him back on them—if his present medical condition warranted it—but I didn't know what the pills were. I had to go back through voluminous records to find out.

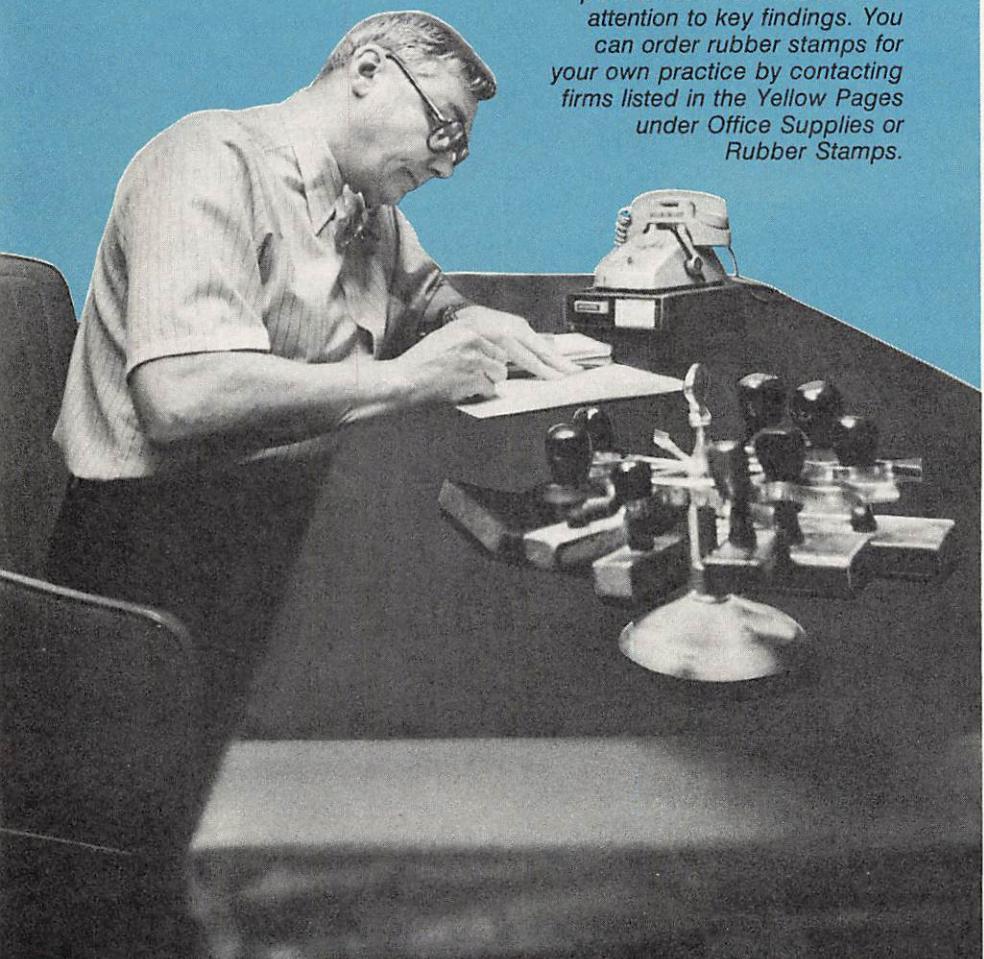
After he'd gone, I looked at the disarrayed records and thought: There has to be a better way than this. At that time, about 10 years ago, I wrote medical records on lined white sheets of paper—the same sort that many doctors still use today. This meant that whenever it was necessary to search for something important, I had to wade through a morass of unrelated details to get to it. I was wasting time, and the example of the pleasant old gentleman wasn't the only instance of that; it had happened quite frequently before.

It doesn't happen now. I've

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Rubber stamps help the author, J. Mostyn Davis, make the most of his working hours. The imprints not only cut the time needed to write notations on patient records but also draw attention to key findings. You can order rubber stamps for your own practice by contacting firms listed in the Yellow Pages under Office Supplies or Rubber Stamps.



since evolved a sheet that's similar to the one recommended for use with the problem-oriented medical record. It's basically white, ruled, with left and right margin lines. In the space on the left, I put down the date of the patient's visit. I record my findings in the center space.

The real time-saver is the space on the right, which is color-tinted. Any pale shade will do, to set off that part of the sheet. In this column, I list plans, treatments, drugs prescribed and the dosages, and other vital factors. It's a simple matter to run down this list to find something I or my assistants need to know in a hurry about what the patient has been given or told to do.

Not long ago, for example, I received a phone call from a distressed old lady who couldn't remember whether it was cheese or chocolate she'd been advised to stay away from because of an allergy problem. It took only a quick check of the right side of her record to find the culprit—cheese.

That blue-tinted column also helps me to handle difficulties that many of us doctors have—getting patients to take medications as prescribed or to stick to certain regimens. A glance over my notations refreshes my recollection, and I can ask such opening questions as "Are you having any trouble with those blue pills?" or "How's the diet working out?"

The approach is gentle, but I've found that it often has firm

When Dr. Davis sees a patient, he records his findings by making notes and filling in the blanks in the rubber-stamped diagrams and forms in the center column. In the color-tinted column on the right, he lists the actions taken and drugs prescribed.

decrovid

Jane Doe
Patient's Name

1427 W. ARCH
SHAMOKIN, PA.
555-0996

Plans & Rx.

FEB 4 1978

WT = 165

HT = 5'6"

BP 132/86

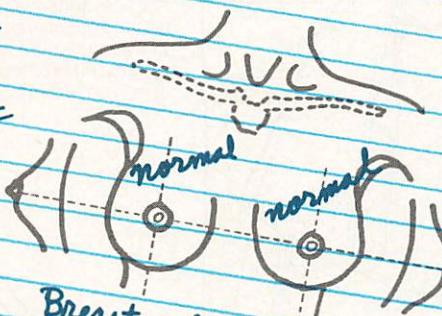
AL-102

U Alb = neg.
R Sug = neg.
I Mic = clear
E

Findings Age 42

C.C. Headaches
Sore back
no fever or chills
no sore throat
She has not had
to stop work.

Exam: Spasm back muscles



Breast self-examination
instructions given

① X-ray
Lumbosacral
Spine
② Back instruction
sheet
③ Meprobamate
200 mg.
30

Sig.: one + one ASA
q.i.d. for back
④ Bed board

Return 3 weeks

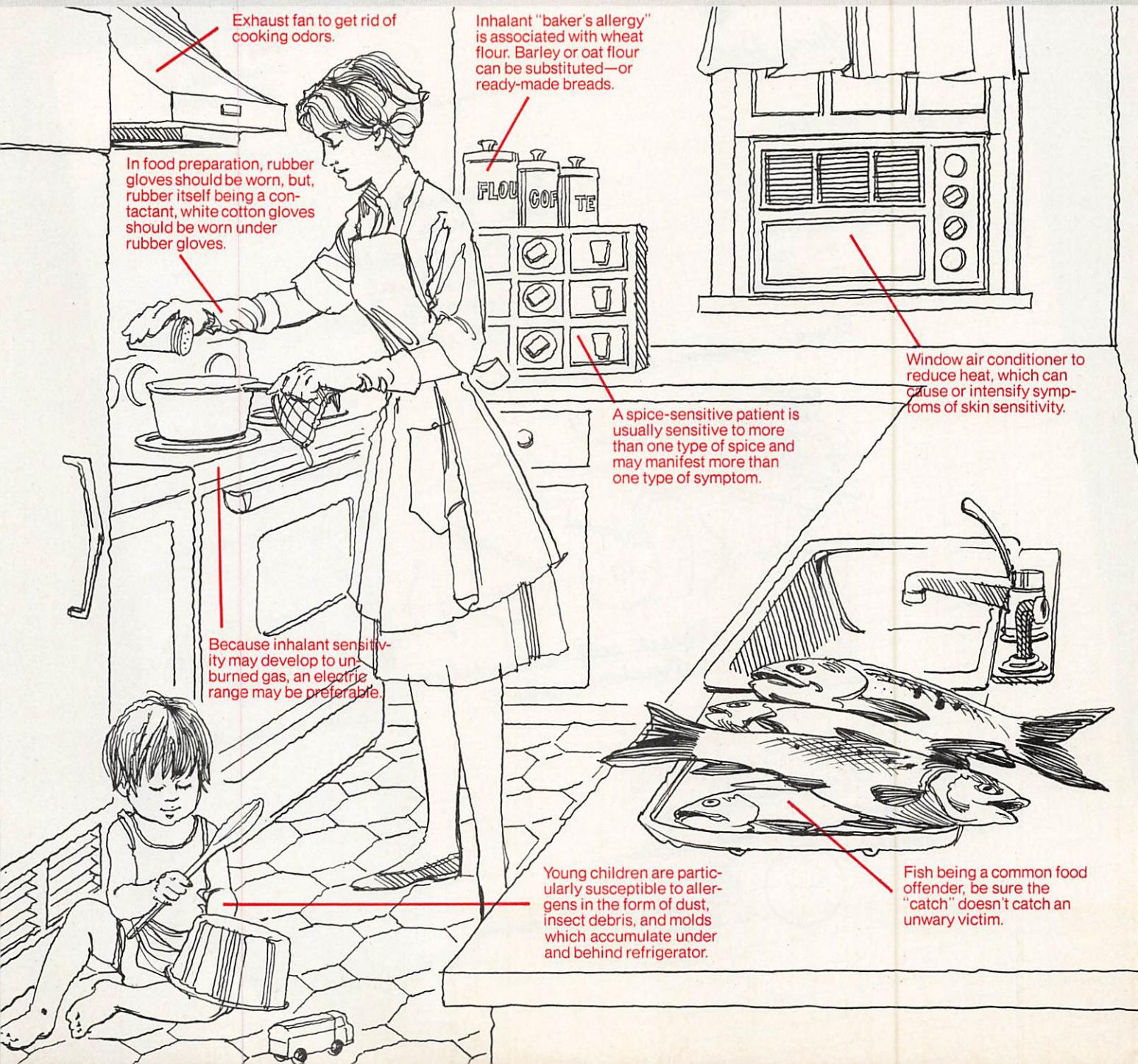
PELVIC EXAMINATION
External Cyst. Fundus Adnexa: +1 ant. Rect. normal position

Slight discharge

Rectal: few small External hemorrhoids
Pap: done

Make the kitchen a less hostile place for the allergy patient

Food allergies offer a remarkable variety of clinical syndromes. In the kitchen the allergy patient is apt to handle foods and inhale their odors. Even if the patient tends to be only mildly sensitive to a particular food, the cumulative effect of contact, inhalation, and ingestion may be sufficient to produce allergic manifestations.



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results. Patients are reminded not only that I'm aware of the problem involved but also that I'm keeping on top of it. So they're inclined to think, "Oh, oh—the doc is checking on me, so this must be important." Consequently, they're more likely to comply with my instructions.

If they don't comply, it usually becomes obvious. "I can't stand the taste of that medicine" is one excuse. Another is: "That diet is making me weak. I need solid food to keep my strength up." On the occasions when I haven't been able to convince patients they should stick to a medication or diet, I've noted that fact in the blue column—for ready reference if a malpractice claim should arise. So far, I haven't been compelled to use those notations, but they're on the record just in case.

On the white part of the record reserved for medical findings, I use a series of stamps to hold down the tedious and time-consuming amount of writing that's ordinarily required. One stamp outlines the female breast and cervix areas, with space to check off or note my observations. This is extremely useful when a patient comes in for a pelvic or breast examination or a Pap test. On later visits, the prominently stamped outline reminds me to do any follow-up work or observation that might be advisable.

I also have an infant-examination stamp that enables me to check off normal findings quickly and to list anything abnormal.

Probably my handiest stamps are those I use to indicate "Flu shot," "Tetanus toxoid," and "Hospitalization." They are a quarter of an inch high, inked in red, and really stand out on the white part of the record sheet. These stamps have saved me a tremendous amount of time in pinpointing important dates.

In fact, I use so many stamps in my practice that a rather quizzical old gent once asked me, "What are those contraptions made of?"

"Mostly rubber," I told him.

He thought this over, then dryly commented, "You must have stock in Goodyear."

I don't—but perhaps I should.

Although my practice is a high-volume one, I know most of my patients pretty well. Over the years, I've learned the best ways to handle them. Quite often, however, a patient will come in after a long absence. In those cases, I used to review the record, which was then devoted solely to pertinent medical matters. Now something new has been added—a code that tips me off immediately if an individual might cause trouble because of *personality* problems. Here are two illustrations of what I mean.

1. A woman once came in for a pelvic examination. Under the best of circumstances, this is a procedure that causes patients apprehension, and I try to make it as easy as possible for them. This particular woman, however, had an extremely high anxiety level. She gave me a difficult time in

Iberet®-500

One Filmtab® tablet a day supplies:

Controlled-Release Iron

Ferrous Sulfate,
(equivalent to
elemental iron—105 mg.) . . . 525 mg.

Plus High Potency Vitamin C

Vitamin C
(as Sodium Ascorbate) 500 mg.

Plus the B-Complex

(contains no folic acid)

Niacinamide 30 mg.

Calcium Pantothenate 10 mg.

Vitamin B₁,
(Thiamine Mononitrate) 6 mg.

Vitamin B₂ (Riboflavin) 6 mg.

Vitamin B₆,
(Pyridoxine Hydrochloride) 5 mg.

Vitamin B₁₂,
(Cyanocobalamin) 25 mcg.

INDICATIONS: For conditions in which iron deficiency occurs concomitantly with deficient intake or increased need for the B-complex vitamins (contains no folic acid).

Iberet-Folic-500® Rx

One Filmtab tablet a day supplies
the same formula as Iberet-500 plus:

Folic Acid 800 mcg.

INDICATIONS: In non-pregnant adults, for the treatment of iron deficiency and prevention of concomitant folic acid deficiency where there is an associated deficient intake or increased need for the B-complex vitamins. Also indicated in pregnancy for the prevention and treatment of iron deficiency where there is a concomitant deficient intake or increased need for B-complex vitamins (including folic acid).

CONTRAINDICATION: Pernicious anemia.

WARNINGS: Folic acid alone is improper therapy in the treatment of pernicious anemia and other megaloblastic anemias where vitamin B₁₂ is deficient.

PRECAUTION: Where anemia exists, its nature should be established and underlying causes determined. Iberet-Folic-500 contains 800 mcg. of folic acid per tablet. Folic acid especially in doses above 1.0 mg. daily may obscure pernicious anemia, in that hematologic remission may occur while neurological manifestations remain progressive.

ADVERSE REACTIONS: The likelihood of gastric intolerance is remote. If such should occur, the tablet may be taken after a meal. Allergic sensitization has been reported following both oral and parenteral administration of folic acid.

7113219

Gradumet®—Controlled-release dose
form, Abbott.
Filmtab—Film-sealed tablets, Abbott.



These suggested ways to avoid or help reduce exposure to offenders may prove helpful. Still, allergic symptoms may occur and an antihistamine will be needed to bring these reactions under control. Dimetane Extentabs keep working for 10-12 hours, are economical, and are likely to produce results in stubborn as well as routine cases. Of 68 patients treated with Dimetane (Brompheniramine Maleate, NF) in a controlled study,¹ less than 6% experienced drowsiness or overstimulation.

¹Lipman, WH: Clinical evaluation of para-brompheniramine maleate (Dimetane). *Annals of Allergy* 17:19-24, 1959.

DIMETANE

Extentabs®

(BROMPHENIRAMINE MALEATE, NF
8 mg. and 12 mg.)



Fish-sensitive persons may experience allergic symptoms if exposed to the odor of fish glue.

Indications: Perennial and seasonal allergic rhinitis; vasoconstrictor rhinitis; allergic conjunctivitis due to inhalant allergens and foods; mild, uncomplicated allergic skin manifestations of urticaria and angioedema; amelioration of allergic reactions to blood or plasma; dermatographism; as therapy for anaphylactic reactions *adjunctive* to epinephrine and other standard measures after the acute manifestations have been controlled. **Contraindications:** Use in Newborn or Premature Infants. This drug should not be used in newborn or premature infants. Use in Nursing Mothers. Because of the higher risk of antihistamines for infants generally and for newborns and prematures in particular, antihistamine therapy is contraindicated in nursing mothers. Use in Lower Respiratory Disease. Antihistamines should NOT be used to treat lower respiratory tract symptoms including asthma. Antihistamines are also contraindicated in the following conditions: hypersensitivity to brompheniramine maleate and other antihistamines of similar chemical structure; monoamine oxidase inhibitor therapy (see Drug Interaction section). **Warnings:** Antihistamines should be used with considerable caution in patients with: narrow angle glaucoma; stenosing peptic ulcer; pyloroduodenal obstruction; symptomatic prostatic hypertrophy; bladder neck obstruction. Use in Children. In infants and children, especially, antihistamines in **overdosage** may cause hallucinations, convulsions, or death. As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, they may produce excitation. Use in Pregnancy. Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus. Use with CNS Depressants. Dimetane has additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc.). Use in Activities Requiring Mental Alertness. Patients should be warned about engaging in activities requiring mental alertness, such as driving a car or operating appliances, machinery, etc. Use in the Elderly (approximately 60 years or older). Antihistamines are more likely to cause dizziness, sedation, and hypotension in elderly patients. **Precautions:** As with other antihistamines, Dimetane has an atropine-like action and, therefore, should be used with caution in patients with: history of bronchial asthma; increased intraocular pressure; hyperthyroidism; cardiovascular disease; hypertension. **Drug Interactions:** MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines. Adverse

Reactions: The most frequent adverse reactions are italicized: **General:** Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose, and throat. **Cardiovascular System:** Hypotension, headache, palpitations, tachycardia, extrasystoles. **Hematologic System:** Hemolytic anemia, thrombocytopenia, agranulocytosis. **Nervous System:** Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions. **G.I. System:** Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation. **G.U. System:** Urinary frequency, difficult urination, urinary retention, early menses. **Respiratory System:** Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness. **Overdosage:** Antihistamine overdosage reactions may vary from central nervous system depression to stimulation. Stimulation is particularly likely in children. Atropine-like signs and symptoms — dry mouth; fixed, dilated pupils; flushing; and gastrointestinal symptoms may also occur. *If vomiting has not occurred spontaneously*, the patient should be induced to vomit. This is best done by having him drink a glass of water or milk after which he should be made to gag. Precautions against aspiration must be taken, especially in infants and children. *If vomiting is unsuccessful*, gastric lavage is indicated within 3 hours after ingestion and even later if large amounts of milk or cream were given beforehand. Isotonic and $\frac{1}{2}$ isotonic saline is the lavage solution of choice. **Saline cathartics**, as milk of magnesia, by osmosis draw water into the bowel and therefore, are valuable for their action in rapid dilution of bowel content. **Stimulants** should not be used. Vasopressors may be used to treat hypotension. **Dosage and Administration:** DOSAGE SHOULD BE INDIVIDUALIZED ACCORDING TO THE NEEDS AND THE RESPONSE OF THE PATIENTS. **Adults:** One to two 4 mg tablets three or four times a day. One Extentab (8 or 12 mg) every eight to twelve hours or twice daily. Two to four teaspoonfuls of elixir three or four times a day. **Children over six:** One 4 mg tablet three or four times a day. One Extentab (8 or 12 mg) every twelve hours. One or two teaspoonfuls of elixir three or four times a day. **Children under six:** 0.5 mg of brompheniramine maleate per kg of body weight per 24 hours, or 15 mg per M^2 per 24 hours, divided into 3-4 doses.

A-H-ROBINS

A. H. ROBINS COMPANY RICHMOND, VA 23220

Little ways to save a lot of time

the examination room and to be prepared for a hot case.

In addition to prompting me to give extra special attention to people with personality problems, this code has three other benefits: It helps to keep patient flow moving as smoothly as possible, it wards off explosive situations that might erupt into a malpractice mess, and it shields doctors who cover for me from getting nasty surprises.

Patients who come in infrequently also present another problem—or, at least, they used to do so for me. I'm a great believer in putting patients at ease, and I've found that a good way is to mention something personal at the beginning of an examination or

consultation. Nothing elaborate or original, just something like "How are the children?" The purpose is to show the patient that I regard him or her as a human being, not just an ailment.

Many years ago, however, I pulled a real boo-boo. A woman I hadn't seen for several years came in.

"How's your husband?" I asked.

"I don't know," she replied icily. "I divorced him a year ago."

Well, that may not seem like much, but the incident created a strain between us. To prevent something similar from happening, I began to write certain notations on the record backward. In

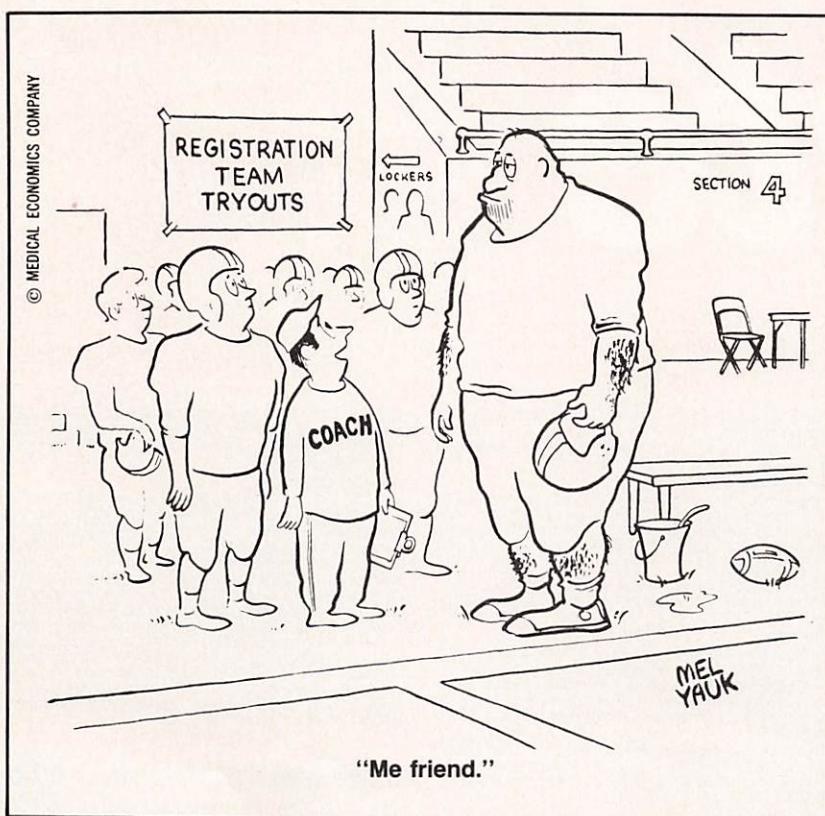
this case I wrote "Decrovid," which translates as "Divorced."

Now, I'm not urging doctors to learn to write backward. I'm just saying that I find it easy to do—not only in reversing words but also phrases and short sentences—and it's helped me in my personal relations with patients. First of all, I'm alerted by the unusual writing to something that might cause irritation or embarrassment to the patient. Second, although this is a remote possibility, the patient or someone else might see the record, in which case the reversed writing would be meaningless. Venereal disease, for instance, comes out as "Laerenev Esaesid." Homosexual is "Lauxesomoh."

On one occasion I was saved from making a blunder that might have been upsetting to the patient, perhaps even traumatic. I was about to ask her how her young son was when I noticed in the record, "Nos dellik ni rac hsarc."—"Son killed in car crash." I steered clear of that subject.

Another time, on a lighter note, I was giving a course of treatments to a young girl who'd been adopted. I didn't know whether she was aware of that, though, so I wrote in the record "Dotpoda."

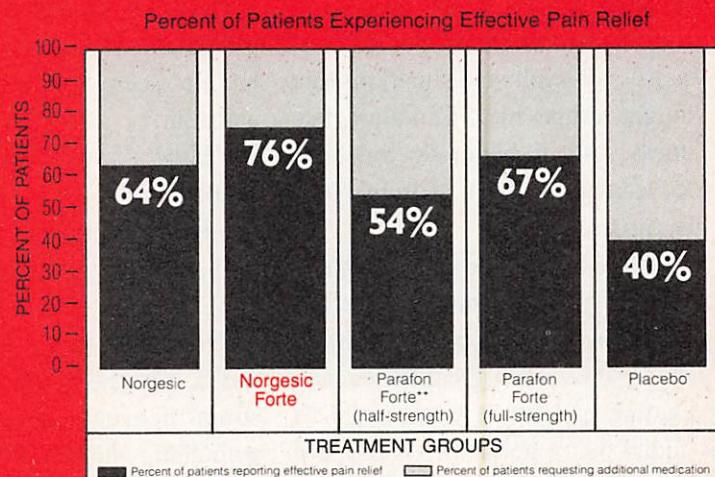
For insurance purposes, the parents requested me to send portions of the girl's medical record to a third-party carrier. Back came a note from a clerk: "Please explain your reference to Dotpoda. Is that a new drug?" ■



IN A DOUBLE-BLIND, PARALLEL, SINGLE-DOSE STUDY*

76% of patients had pain relief with significantly less need for re-medication.

A single-dose study of 125 patients hospitalized with pain of acute musculoskeletal disorders was conducted over a four-hour period. All patients were suffering from one of the following conditions: sprain, strain, dislocation, fracture, low-back pain or postsurgical pain following orthopedic surgery. In this double-blind, parallel study, only patients taking Norgesic Forte showed significantly less need for re-medication compared with placebo. Only Norgesic Forte continued to provide statistically significant pain relief after the third hour. Patients treated with Norgesic Forte showed fewer side effects than those receiving other medications.



Forte

TABLETS 1 tab q.i.d.

Norgesic Forte and Norgesic®

Brief Summary

INDICATIONS:

1. Symptomatic relief of mild to moderate pain of acute musculoskeletal disorders.
2. The orphenadrine component is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculoskeletal conditions. The mode of action of orphenadrine has not been clearly identified, but may be related to its analgesic and sedative properties. Norgesic and Norgesic Forte do not directly relax tense skeletal muscles in man.

CONTRAINDICATIONS:

Because of the mild anticholinergic effect of orphenadrine, Norgesic or Norgesic Forte should not be used in patients with glaucoma, pyloric or duodenal obstruction; achalasia; prostatic hypertrophy or obstructions at the bladder neck. Norgesic or Norgesic Forte is also contraindicated in patients with myasthenia gravis and in patients known to be sensitive to aspirin, phenacetin or caffeine. The drug is contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

WARNINGS:

Norgesic Forte may impair the ability of the patient to engage in potentially hazardous activities, such as operating machinery or driv-

ing a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

Salicylates should be used with extreme caution in the presence of peptic ulcers and coagulation abnormalities.

USAGE IN PREGNANCY:

Since safety of the use of this preparation in pregnancy, during lactation, or in the childbearing age has not been established, use of the drug in such patients requires that the potential benefits of the drug be weighed against its possible hazard to the mother and child.

USAGE IN CHILDREN:

The safe and effective use of this drug in children has not been established. Usage of this drug in children under 12 years of age is not recommended.

PRECAUTIONS:

Usage of phenacetin in large amounts or for long periods of time may result in gastrointestinal disturbances, anemia, methemoglobinemia and renal damage. Caution, therefore, should be exercised when Norgesic or Norgesic Forte is administered to patients with renal disorders. It should also be used with caution in patients with tachycardia.

Confusion, anxiety and tremors have been reported in few patients receiving propoxyphene and orphenadrine concomitantly. As these symptoms may be simply due to an additive effect, reduction of dosage and/or discontinuation of one or both agents is recommended in such cases.

Safety of continuous long-term therapy with Norgesic Forte has not been established; therefore, if Norgesic Forte is prescribed for prolonged use, periodic monitoring of blood, urine and liver function values is recommended.

ADVERSE REACTIONS:

Side effects of Norgesic or Norgesic Forte are those seen with APC or those usually associated with mild anticholinergic agents. These may include tachycardia, palpitation, urinary hesitancy or retention, dry mouth, blurred vision, dilatation of the pupil, increased intraocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness, and rarely, urticaria and other dermatoses. Infrequently an elderly patient may experience some degree of confusion. Mild central excitation and occasional hallucinations may be observed. These mild side effects can usually be eliminated by reduction in dosage. One case of aplastic anemia associated with the use of Norgesic has been reported. No causal relationship has been established. Rare G.I. hemorrhage due to the aspirin content may be associated with the administration of Norgesic or Norgesic Forte. Some patients may experience transient episodes of light-headedness, dizziness or syncope.

NG-4

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NORTHridge, CALIFORNIA 91324

*Mok, M.S., Lippmann, M. and Steen, S.N.: Curr. Ther. Res., September 1977. Reprint available on request.

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